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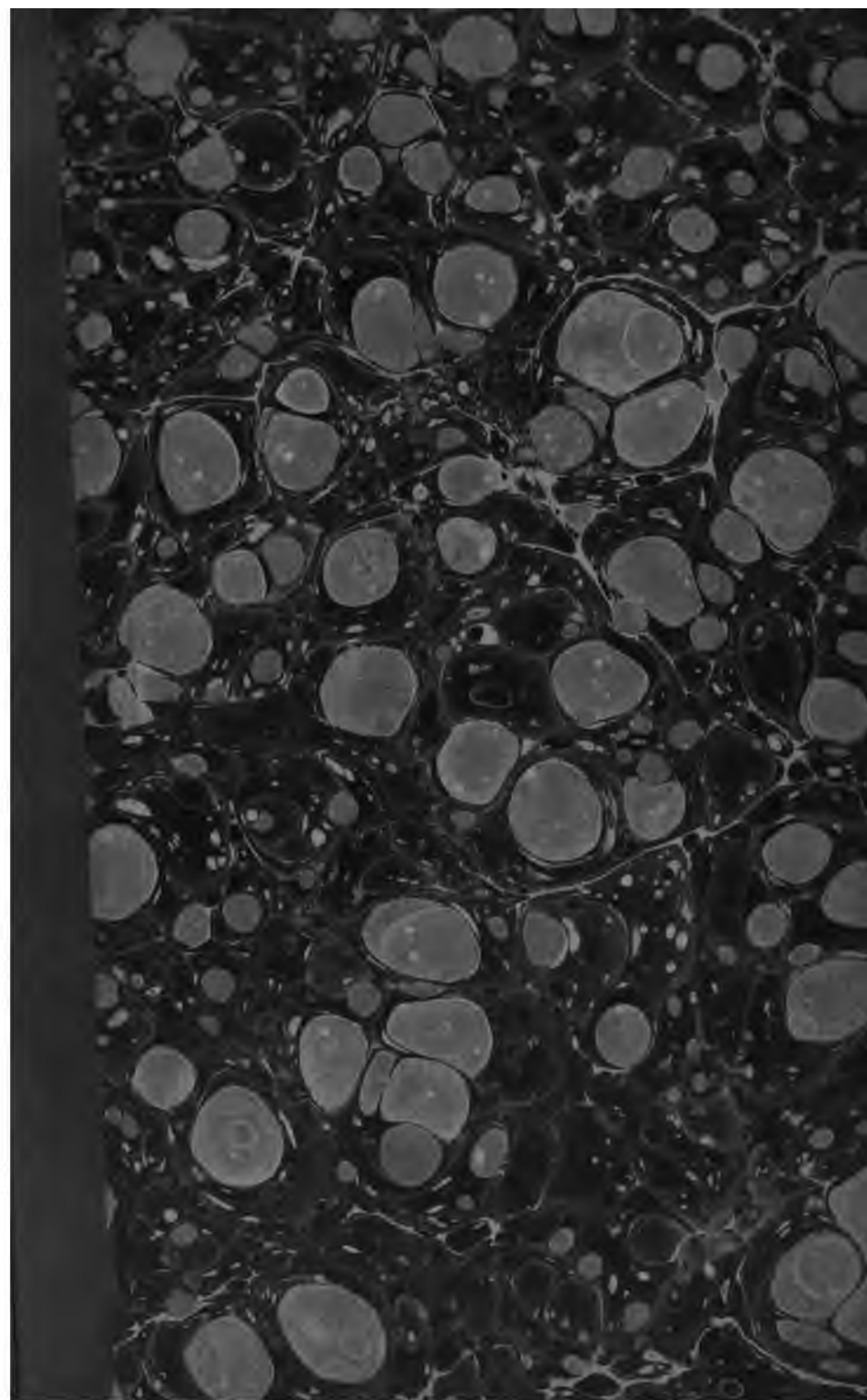
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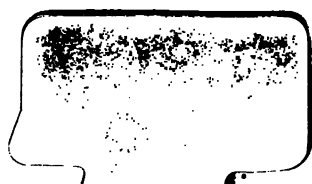
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47. 1948.







LECTURE,  
INTRODUCTORY TO  
A COURSE OF CLINICAL MEDICINE,

DELIVERED IN  
THE THEATRE OF QUEEN'S COLLEGE,  
BIRMINGHAM,

ON TUESDAY, DECEMBER THE FIRST, 1846.

BY  
SAMUEL WRIGHT, M.D., EDIN., F.R.S.S.A.

Physician to Queen's Hospital, and Professor of Clinical Medicine in Queen's College, Birmingham;  
Physician to the General Dispensary; formerly Professor, *ad interim*, of Pathology, in the  
University of Edinburgh; Extraordinary Member, and formerly Senior President,  
of the Royal Medical, Royal Physical, Hunterian Medical, and  
Cuvierian Natural History Societies of Edinburgh;  
Fellow of the Botanical Society, &c.

LONDON:  
JOHN CHURCHILL, PRINCES STREET, SOHO.  
BIRMINGHAM: ALLEN AND SON, COLMORE ROW.

MDCCKXLVII.





TO THE

REV. JAMES THOMAS LAW, M.A.

*Chancellor of the Diocese of Lichfield,*

VICE-PRINCIPAL OF QUEEN'S COLLEGE, BIRMINGHAM,

THIS LECTURE IS MOST RESPECTFULLY DEDICATED

BY

THE AUTHOR.





# LECTURE.

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GENTLEMEN,

IN appearing before you, for the first time, as a teacher of Clinical Medicine, it becomes me to introduce myself and my subject by a few preliminary observations. To head a course of lectures by a specific introductory address, is not usually in good taste; and for the simple reason, that, such form of address is likely to comprehend a certain amount of irrelevant or unnecessary matter; whilst the lecturer, in thus enforcing the claims of the science he teaches, is particularly apt to exaggerate its importance. Fortunately, on this occasion, I am somewhat exempt from a liability to these errors; for a preface to my particular duties is required of me at this time; and the subject of those duties so paramountly concerns yourselves, as students and future practitioners, that I cannot too strongly advocate the necessity of its cultivation.

The position I hold, as one of the Professors of Clinical Medicine in this College, is consequent upon my Physicianship in Queen's Hospital. When honoured with that appointment, I was apprised that it involved also the responsibility of clinical instruction. To this I assented; and I am now happy in the opportunity of proceeding, to the best of my ability, with the fulfilment of my obligations.

I cannot, with a prefatory license allowed me, lose the present occasion of congratulating the Patrons, Professors, and Pupils, of this College, on its recent improvements, its present flourishing condition, and its prospects of permanent

and increasing celebrity. The untiring and most laborious exertions of its Founder; the wise counsel and active superintendence of the noble Lord, its Principal; and the generosity, judgment, and personal attention, of the Worshipful Chancellor, its Vice Principal; have contributed to give it a title to eminence amongst the schools of learning and science, and lead us to hope, that, it will hereafter stand alone as the source of medical instruction for the midland district of England.

Particularly do I congratulate the junior part of my auditory, on the facilities for classical and mathematical studies, with their several appliances, which are now afforded in this institution. It cannot fail that great benefit will be the issue of this most judicious provision. It has been an opprobrium of our profession, that, though claiming the distinction of "learned," the justice of the claim is rather an exception than a rule. Unhappily, we are not yet in a position to prove that the opprobrium is altogether undeserved. We meet with frequent proofs how much wiser, and better, and more generous to each other, we shall be, after the education preliminary to the study of medicine, shall have increased in amplitude and refinement. The many who desert our ranks for the quarters of quackery, and the many more, who, under a seeming propriety, cast a constant shadow of disgrace upon our honourable calling, are painful proofs how wanting we yet are in those accessory studies, which not only improve a man's mind, but his morals also. Scarcely a week passes, but our periodicals have to tell the tale of some practitioner forgetting his duty to himself, or to another, and perpetrating such acts as would lead to his instant expulsion from any community rigidly governed by an honourable system of laws. Such offenders would not pass unpunished, were we, *toto cælo*, an incorporated body, provided with the means of exposing or expelling those

who do us dishonour. In the absence of this great desideratum, which I fear will never be supplied, we can only, in rational hope, fall back upon the influence of education. It is in the want of this, that is chiefly to be found the origin of unworthy character. As a rule, men are not good, or are not learned, because they have not been properly disciplined.

"'Tis education forms the common mind;  
Just as the twig is bent, the tree 's inclined."

Infuse right precepts into the *boy*, and see that he loves and cherishes them—and you have good ground for prejudging the character of the *man*.

The great source of our profession's prosperity and advancement, must be the efficient tutoring of the future practitioner. Medicine is now, a very different subject to what it was half a century ago—its disciples are growing wiser and better every day—and we hail the time when it shall fully realize the dignity which should peculiarly distinguish it. To this most desirable consummation, education will be the only sure contributor. We raise a constant cry for reform in the profession, but depend upon it, if we are to begin at the beginning, we must reform our individual selves. We, as integrants, being made better, the sum of us will necessarily be better also.

It rejoices me to be able to say, that, the great scheme of improved and extended medical instruction, especially the preliminary part of it, is in no school better, and in few schools so well, provided for, as in this. The introductory discipline and tuition, under our accomplished resident masters, without being severe, is yet sufficiently strict, to ensure that the *alumni* committed to their charge, shall have secured to them the choicest advantages of classical and mathematical study. Privileges like these, gentlemen, you cannot too highly prize. If you rightly avail your-

selves of them, they will shine with a significant lustre, through every phase of your future career. You will find it no trifling distinction to be ranked among the *literati* of your brethren : and let me tell you, it will be the reverse of agreeable to occupy the reverse position. Some of you may perhaps be familiar with the history of the man mentioned by Curran, who, on a conspicuous occasion, desecrated upon Demosthenes as the glory of the Roman forum ; spoke of Tully as the great rival and contemporary of Cicero ; and, in the space of one half hour, “blended three several times, the straits of Marathon with the plains of Thermopylæ.”

None of you, I apprehend, would envy a man like this—that you may never attain a similar notoriety, seize every opportunity now offered you, for enlarging and enlightening your minds with classical and mathematical learning. You will hereafter feel the paramount usefulness of this, in your daily intercourse with the world. It will distinguish you from the ignorant, the prejudiced, and the presumptuous man ; and never fear but society will recognise, and yourselves reap the reward of, the contrast.

To turn, now, to the senior students, whom it more particularly concerns me to regard, permit me to address you, gentlemen, in all possible plainness of speech. The subject upon which I shall have, from time to time, to discourse to you, is of such weighty consideration and consequence, as to give license to none other than the simplest modes of expression. Bold imaginings, plays of fancy, and a studied mellifluousness of language, are tolerable enough when they involve no sacrifice of the subject to which they relate : when liable to this, they are best dispensed with. In a medical lecture room, they are utterly out of place. Clinical medicine especially is, or ought to be, made up of simple

matters of fact. The more nakedly these are placed before you, the less likely will you be to mistake or misapply them. I say thus much, that you may be prepared to receive, without the criticism perhaps due to it, any sameness or homeliness of phrase I may employ, in the process of imparting to you practical instruction. It is the duty of myself, and of my more able colleagues, to teach you how best to recognise and treat disease: if we answer this great end, let it sanctify the means, however humble they may be.

Before entering into a formal consideration of *my* duty, and *yours*, in reference to clinical medicine, I must presume that you have already prosecuted the studies that are auxiliary to it; if this be not the fact, you will be only half prepared for the serious obligations of the bedside. You must have attained such a knowledge of botany, as will aid your acquaintance with *materia medica*; this latter, in its available parts, must be as familiar to you as your alphabet, so that at any moment, and in any emergency, you may prescribe without compromising your own character, or your patient's safety; chemistry, in its pharmaceutical appliances, you must comprehend thoroughly, so as to avoid the risk of mingling incompatible substances, and of poisoning a fellow creature; organic chemistry, and the microscope, you will find indispensable, if you desire to become scientific practitioners, for their services are invaluable in the investigation of pathological products; your anatomy, especially *regional*, and physiology, must be ample and accurate, or you will neither know the disposition and function of organs in the healthy subject, nor be able to recognise their error of situation, or of action, in the diseased one.

Do not imagine that I am laying too much stress on an acquaintance with these several sciences accessory to medicine. I should ill discharge my duty did I not tell you,

that, without them, your practice at best can be only blind empiricism. They are as necessary to a correct diagnosis and treatment of disease, as is a knowledge of the fundamental properties of matter, to a comprehension of obscure physical phenomena. Those of you who are not well acquainted with the elemental subjects I have specified, will listen to the discourses of your clinical Professors with very little advantage.

It being admitted, then, that you are prepared for instruction in clinical medicine, we have next to consider in what this instruction consists. Your lectures on the theory and practice of physic, have already familiarised you, verbally, with the signs, symptoms, pathology, diagnosis, and treatment, of disease. The business of your clinical teachers is to show you these things *in their living detail*. It is, in fact, a system of pointing out, and explaining, morbid phenomena, and the action of medicines, as these are manifested in the different cases that occur in hospital practice. To this end, it is necessary that your attention should be chiefly directed to the *minutiæ* of disease. It is seldom, at the bedside, that you recognise any striking pathological features unconnected with others, less conspicuous in themselves, but still most important in their tendencies. An abstract morbid phenomenon, would be a prodigy in pathology. They are the little things, or the *items* of ailment, constituting the sum of it, that you are required to recognise, singly and in conjunction, in order to form a correct *diagnosis*, and to authorise a correct line of *treatment*. By how much the more you regard these things in their proper light, by so much the more will you be able to relieve or to remedy disease. This is the great ground of distinction between a judicious and an ignorant practitioner—between a good clinical teacher and a bad one.

The little things I speak of, it is our business to instruct

you to *observe*, severally, and in their aggregate. The great axiom of Baglivi—" *Ars medica tota est in observationibus*"—should be your main guide of conduct during your hospital practice. It would be comparatively useless for you to follow us through the wards merely as lookers-on ; unless you *observe* what we are doing, and learn our reasons for pronouncing the nature of this disease, and that, and for variously prescribing for them, your opportunities will do nothing more than initiate you into an ignorant *routinism*. It cannot be expected, however, that your unaided observation will enable you to comprehend the many motives we may have, for the many things we may do, in hospital practice. It is therefore necessary that we should tell you *why* we give such a name to such an ailment, and *why* we treat it in any particular manner. It is the assigning of these several *reasons*, that constitutes the sum and substance of clinical teaching.

To begin, then, at the beginning, let me remind you of an old saying, that, "the knowledge of a disease is half its cure." The phrase is common enough, but the substance of it is classical, and traceable to Hippocrates. The first thing, then, that we shall have to do, I, in the process of imparting, you, in that of receiving, clinical instruction, will be to discover and to define the nature of the diseases of our several patients. In doing this, which is technically termed *diagnosticating*, we have to attend to the items I have already spoken of. These are of two classes, and are known by the names of *signs* and *symptoms*.

The former of these chiefly relate to the mechanical conditions of organs, and to the evidences which they offer to our several senses. The latter bear reference to the functions of organs, *in their general manifestation*, and to the expressed feelings of the patient.

To judge of a disease by symptoms only, was the charac-



teristic of medical practice in its infancy ; to be able to judge of it by signs, is an obligation we owe to pathological anatomy. The accumulation of a vast number of facts, illustrative of organic changes, and the connection of these changes with particular indications manifested during life, is the great source of our present certainty in the diagnosis, and success in the treatment, of disease. It is a knowledge of these things that so strikingly distinguishes the medical practice of the present day, from that of days gone by. The great errors of the earlier schoolmen, as compared with ourselves, arose from their not being in possession of those sterling truths which modern research has placed at our service ; and our successors in the art and science of healing, will be wiser and more skilful than we are, in proportion as the experience of ages disposes its accumulating treasures in their hands. These treasures are *facts* ; and we cannot wish better to our profession, than to anticipate with Bichat, the arrival of that day, when the science of medicine “will be nothing but a succession of facts, strictly deduced from each other.”

Now, it was the absence of these things, or rather, an insufficient number of them, that gave rise to a faulty symptomatology, and rendered diagnosis a frequent matter of hazard. The Nosology of Cullen, though in many respects a masterpiece of ingenuity and judgment, is yet a conspicuous failure for want of a proper pathological basis. To give you only one illustration in point ; the Cullenian Nosology regards phthisis as an affection of the lungs ; but our pathology tells us that, in phthisis pulmonalis, the lungs are merely the organs in which the product of diseased function is deposited. The lungs are rendered morbid, not *per se*, but by the mechanical lodgment, and subsequent decomposition, within them, of adventitious animal matter. This matter, so far as at present we know, owes its existence

to an altered *genetic* action of those elemental granules of the blood, whose proper office is the formation of normal tissue. One of their perversions of function, is the generation of tubercle: if this be thrown out upon a free mucous surface, no evidences are furnished of organic lesion, and the sufferer may slowly waste to death; if it be deposited in the substance of the lungs, it will be likely to give rise to pulmonary consumption; but it may also be deposited in the brain, and lead to apoplexy, paralysis, tubercular meningitis, or lesions of one or more of the senses; in the kidneys, and cause general dropsy; in the liver, giving rise to ascites, or jaundice; in the mesenteric glands, constituting the tumid abdomen of scrofulous children, with its frequent concomitant, exhausting diarrhoea. The indications, therefore, of tubercular degenerescence of any organ, explain in no wise the *ultimate nature of the radical disease*. Nor need I tell you, that, however we may direct our attention towards the relief of the suffering organ, we must look beyond this, and endeavour to remedy that *further evil* which has *caused the organ to suffer*. The quacks who delude the public with the old jargon of consumption curable, by puncturing, counter-irritation, inhalation, and other such mechanical trickery, have just as much knowledge of the disease as enables them to practise deception adroitly—and no more. The business of the pathological practitioner, is to contend against the *causes* of disease, not against its *consequences*.

An error into which the symptomatologist is likely to fall, is that of overlooking *latent* disease. This is a characteristic error of inexperience and unskilfulness, and I warn you, as you desire to be eminent in your profession, to avoid this fault, as one of the greatest evils that can befall you. The liability to it arises from the fact, that, serious mischief may often exist in organs, without being manifested by *symptoms*, properly so called. In illustration, let me men-

tion to you the case of the boy Yardley, who died in the hospital about a fortnight ago. He was admitted five weeks previously, under my care, complaining of nothing but rheumatism, chiefly confined to the right elbow. Fomentations, poultices, and saline medicines, with colchicum, benefited him materially, but he had shortly metastasis of rheumatism to the stomach and bowels. You remember what trouble we had to relieve him of those abdominal pains. During the first few days succeeding his admission, he had no cough, or difficulty of breathing, or night sweats, or hectic, or any symptoms, in fact, of pulmonary disease. I chose, however, to make a stethoscopic examination of his chest, and discovered indications of extensive lesion, which I concluded was chiefly tubercular. I again closely questioned him about his breathing, which he assured me was easy and regular, and he also again said that he had no cough. About three weeks before he died, a slight cough supervened, very mildly, and scarcely at all in the day-time, and attended with a trifling expectoration of frothy mucus. This was the only external evidence of the state of his lungs up to the time of his death. The *post mortem*, you will recollect, shewed the superior third of each lung to be considerably emphysematous; the middle of the left lung, especially posteriorly, was completely infiltrated with tubercular deposite, evidently not very recent, whilst its lower part was in a state of perfect hepatization. The middle portion of the right lung was infiltrated throughout with a turbid serum, containing tubercular matter; and its inferior portion was hepatized like the opposite one. There was all this mischief in the lungs, and yet, you remember how calmly that boy breathed, how naturally and easily he spoke, and how absent were all the ordinary external indications of the disease that killed him. This disease was manifested only by *physical signs*, whilst the *symptoms* were merely

those of rheumatism, and gradual wasting. So you see, to have trusted to symptoms only, in this case, would have been to know nothing whatever of the chief ailment the poor lad was afflicted with. I mention this to shew you the necessity of scrupulously examining a patient, before pronouncing an opinion upon his malady.

It sometimes happens, again, that symptoms are apt to deceive by their number and apparent seriousness, instead of the opposite, as in the case I have just quoted. Some of you will remember an out-patient of mine, who made his appearance at the hospital a few weeks back, complaining that he had disease of the heart. His pulse was certainly quicker than natural, and irregularly intermittent, and the "feeling of his heart beating," he said, was particularly distressing to him. On carefully examining him by percussion and auscultation, I recognised the disordered function easily enough, but I could not connect it with any evidence of organic disease. On further inquiry, I found that he was suffering from an aggravated form of dyspepsia, of several weeks' duration, and that the unnatural action of his heart had supervened upon his deranged stomach. His "heart disease," as he called it, I immediately concluded to be a secondary, or sympathetic trouble, and therefore prescribed for the cause of it, viz. his dyspepsia. Under the use of tonics and aperients, with restricted diet, he got well within a month, his heart's action having become regular, and normal both in force and frequency. In this case, you observe, to have believed the symptoms as they superficially presented themselves, would have been to think, with the patient, that there was organic disease, where only sympathetic disorder existed.

Let it be a rule with you, gentlemen, never to form a positive diagnosis, without investigating both signs and symptoms; and remember that, of the two, the latter are the

more likely to deceive you. As I have told you, they relate to functions, which may be abnormal without any appreciable alteration in the physical condition of the organs manifesting them. I say appreciable, because the opinion is held by many eminent pathologists, that, altered function is necessarily the result of altered structure. That there are many reasons for this belief, is shewn in the recent discoveries of the microscope, and organic chemistry; and the expectation is natural, that hereafter, when our senses shall be better aided, many alterations of structure, not now cognizable to us, will be made evident by the agency of the microscope.

Whether the law of relation between structure and function, as contended for by the exclusive pathologists, will ever be the subject of unexceptionable proof, is perhaps a matter of question. That it is right in the main, is certain enough; but still, the research must be very delicate which would disclose the altered condition of the kidneys prompted to increased action through fear, or which would tell us what particular change a hungry man's stomach undergoes, when the advent of ill news deprives him, in a moment, of all appetite.

Though the diagnosis which is based upon accurate pathology is undoubtedly the most certain and scientific, yet a too rigid adherence to the doctrines of the pathological school, has occasionally led to prejudice and bad practice. Not admitting the existence of disordered function, simply as such, they have gone to the extreme length of charging upon some organ, or other, the cause of ailments, which the Hippocratic practitioner would consider to be *general* in their nature. No doubt this is true to a great extent, but perhaps not universally. At any rate, it is not always safe to administer a form of treatment consistent with this particular theory. Simple fever, for instance, the exclusive

pathologist regards as having a local origin : one says in the head, another in the heart, whilst a third will have it in the stomach and bowels. Consequent upon these several notions, are so many varieties of treatment ; one will leech the temples, and blister the back of the neck ; the second will cup over the region of the heart, and blister between the shoulders ; whilst the third will bleed from the arm, give calomel and opium, and counter-irritate the whole of the abdomen. And all this, to cure simple fever, that, in nine cases out of ten, is the better for being the least interfered with !

These are some of the consequences of allowing prejudice too much play. Of all faults and follies avoid this, if you wish to become good practitioners. You will best avoid it by attending to the *minutiæ* I have already spoken of. Look at these in their number, but chiefly in their importance. *Count* them if you like, but you must *weigh* them if your judgment is to be advantaged. “ *Non numerandæ solum, sed etiam perpendendæ sunt observationes.*”

If you will let me advise you, gentlemen, in the chief duties of your profession, you will not encourage a theory, or an opinion, merely for the sake of it. Let the inductive system be your guide. Observe, without partiality or prejudice, the facts of any case, as they may be accessible to you, and infer accordingly. At the same time, let your minds be always free, and open to receive fresh or opposite impressions, should there be any good ground for them. Never hesitate to change your opinion when TRUTH tells you that you ought to do ! Only by this liberty and liberality of mind, can you hope to practise your profession with success. Medicine, you know, is not an *exact* science : it is made up of too many contingencies ever to become reducible to rules that are not liable to exceptions : this very circumstance should disarm you of particular prejudices, and enable you to meet disease at all points. Always go to

the bedside unprepossessed as to the nature of the case that may call you; and form your diagnosis, and let your treatment be directed, only according to the evidences of disorder, functional and structural, which may be elicited by deliberate and minute examination.

The basis of the clinical instruction you will receive here, will be pathological: the only basis on which a scientific *clinique* can be founded. But let me caution you against committing yourselves to the prejudices of its extreme partizans. Be ever prepared with your pathology, for it will seldom fail to be your great requisite; but do not despise symptomatology, when it seems to be called for. If you cannot discover any particular *cause* or *source* of ailment, against which to direct your remedial efforts, contend against the leading symptoms as you find them, without being ashamed to acknowledge that you know no better. A little honesty like this, which is nothing more than practically admitting how limited is human wisdom at the best, will often save you the disgrace, and your patients the danger, of undue officiousness. When disease presents itself palpably, dispute every inch of ground with it, and never slacken in your purposes; when, on the contrary, there seem no particular indications to be fulfilled, avoid being too specific, or too severe, in your treatment. Let me illustrate what I say, by referring you to the case of Jones, in the middle male ward of the hospital. You will remember my pointing him out to you, at our first meeting at his bedside, as a good instance of uncomplicated fever. If there be such a thing, as I fully believe, it was excellently illustrated in his person. As a pathological practitioner, I looked carefully for signs of disease, but found none; there were several symptoms of disorder, and these, I told you, we must be satisfied to combat. I confess I should have liked to have found some organic trouble to justify specific treatment; but there was no evidence of such a thing,

and to have assumed it, would have been to play a folly that has been played by practitioners, in all ages, far too often. In this case, you know, we waited upon nature, and did not over help it. Under the simplest general treatment the man improved from the beginning, but when nearly convalescent, he caught a severe cold from exposure in the lobby one night. On visiting him next morning, the old symptoms had returned in an aggravated form, but along with them we had certain *signs*, viz. dulness on percussion over the lower part of the right lung, with crepitant râle, and rusty sputum. Pathology told us that local pneumonia had set in, and it suggested also a specific form of treatment. We leeches his side, and then blistered it, gave him a smart mercurial purge, and, at short intervals, doses of nauseating medicine. At the end of forty-eight hours, every sign of local mischief was gone, and the man was the subject only of simple fever, just as when we first saw him. He was ordered the same medicine that he took at the beginning, and he found the same relief from it. Now, suppose we had treated this case, at the commencement, under the prejudices of an exclusive pathology, and imagining disease to exist in this organ or in that, had made a fierce remedial onslaught in consequence, the probability is, the patient would have either sunk at once, for his powers of life were not strong, or he would have passed into a typhoid state, and given us little chance of restoring him. Suppose, on the other hand, with the prejudices of the Hippocratic school, we had not examined the physical signs in his chest, but had regarded the new symptoms, pain and difficult breathing, as only contingent upon his fever, and only to be relieved *by relieving it*; there can be little doubt that he would have soon died of pulmonary inflammation. Let this case shew you the desirableness of avoiding idle theories and prepossessions, and of acting solely upon *evidences*, as they may be manifested in the cases that may fall to your charge.



A knowledge of signs, as of symptoms, is only to be acquired by experience; but its possession is worth any amount of seeking after, for it is the shortest and surest road to successful practice. They are the senses, as I have said, by which we chiefly form a diagnosis from signs. These alone will sometimes give us correct knowledge of a disease. By the peculiar odour of the breath, we recognise gangrene of the lungs; by the odour of the skin, and by its appearance, we discover miliary fever; by the character of the eruption, we know one case to be small pox, another itch, and a third erysipelas; by the taste, weight, and quantity of the urine, we can detect one form of diabetes; by touching the abdomen, we distinguish ascites and tympany; and by listening to the sounds of the heart and lungs, we recognise morbid conditions in either.

But our senses often require aid from mechanical sources, with which we are, happily, well supplied. These, of late years, have been of incalculable service in advancing our facilities for detecting disease, and for treating it on sound principles. In the language of an erudite physician, "It is enough to say that the invention of instruments in modern times, such as specula, stethoscopes, pleximetres, sounds, microscopes, &c. by enabling us to submit the physical changes in organs to the immediate cognizance of the senses, has permitted exactitude and precision to encroach upon the field of conjecture. The first proposition, then, that we would lay down is, that medicine can only be advanced by studying the art of diagnosis, and that to this end, the practitioner should not be a stethoscopist, a microscopist, an employer of the speculum, or a chemist: but he must be all these united."

I can say nothing that will improve upon that passage, and therefore leave it, as it is, for your service. If you will believe its truth, and follow it, you will go very far towards

attaining the best object of your professional ambition. In so far as ourselves, the clinical Professors here, can aid you in acquiring a practical knowledge of physical and other diagnosis, every facility shall be yours. We will shew you all the *minutiæ* of examination and treatment, and give you such comments as may be necessary; this is *our* duty: to carefully observe all that is shewn, and remember all that is said, and watch cases throughout, whether fortunate or fatal, is *your* duty. It imports you to perform it faithfully; let the opportunity of doing so never be intermitted!

In all your practical studies, do not forget your reading. Make up your minds to be students all the days of your life; for whatever your acquirements, recollect, there is still much more to be acquired. In the active business of your profession, find an occasional few minutes, daily, for reading and reflection. Let "*nulla dies sine linea*," be your plan. These minutes the idle man lets slip away, as too insignificant to do him service; but do you remember, that time, even in its smallest divisions, is precious. He is the wisest man who counts his moments; they are what we properly live in; pulses of life that make up the measure of it. To neglect them, is not to live out half your days; to use them with a jealous scruple, is to make hours of them; and as Bacon has well observed, you may be old in these, though young in years.

It is the boast of some men, that they read only "the great book of nature:" this is an affectation of genius, and an apology for laziness. Such men know nothing of nature's book but its alphabet. Avoid this folly, if you wish well to yourselves. Be practically observant as much as you like, but bear in mind, that, other men are observant also, and the results of their observations may be worth consulting. These things will often help you to truths, which your un-

aided efforts would not enable you to compass. Knowledge is ever progressive, and in nothing more so than in medicine. Every day brings us fresh materials, whereby we may become better practitioners. That these inestimable gifts may never be lost to you, make it a part of your duty to be read up to the latest improvements of your profession. As discoveries arise, be amongst the first to seize them, and if available, make them your own in practice.

But you may do more than this. Yourselves may become *discoverers*, in the course of your investigations, and be honoured in the opportunity of adding to the sum of our professional knowledge. If it be true, as an old writer tells us, that the most superb and lasting monument ever consecrated to beauty, was that to which every lover carried a tribute; it is equally true, that the science of medicine will best rise to dignity and accuracy, by its every disciple feeling interested in its advancement.

Before concluding, gentlemen, let me impress your minds with the seriousness of the obligations to which you are about to commit yourselves. There is no nobler profession than ours, and there is none more responsible. There is something awful in having to take charge of human life: it tells us that we have both a moral and a medical duty to perform to our patients.

Never look to the worldly condition of individuals, to know how much professional attention you are to pay them, and what claims they are to have upon your sympathy with their sufferings, and anxiety for their welfare. Circumstances may have made them rich or poor—but remember, that, Nature has made them **MEN**! Take a large and a liberal view of what humanity is, and you will find that in the immortal part of it, the veriest beggar that shivers in the street, is the equal of the proudest monarch that wears a crown.

When their heads are laid low, they will have reached that level of our common nature, where distinctions are forgotten !

“ Under ground  
Precedency 's a jest ; vassal and lord,  
Grossly familiar, side by side consume.  
When self-esteem, or others' adulation,  
Would cunningly persuade us we were something  
Above the common level of our kind,  
The grave gainsays the smooth complexion'd flattery,  
And with blunt truth acquaints us what we are.”

Think of these things when you attend upon the sick poor, and they will admonish you of your duty. Remember, it is no trifling thing to have the existence of a fellow creature in your hands : it is a solemn charge, weigh well its value when committed to your custody. If it be lost through *you*, you can neither restore, nor make reparation for it. Picture what would be your feeling, to meet the widow and the fatherless, and to know that the widowhood and orphanage were the issue of your ignorance or neglect ; to feel that you might have saved the husband and the parent, had you treated him with more skill or more fidelity. Think of that man being unprepared to die, and through your fault finding an untimely grave : the very thought, in all its agony, will harrow you to your own ! Think, again, of being the happy, honoured medium, of restoring that man to health, and giving the sinner another opportunity of repentance—of restoring the chief treasure of the home, and saving that home from desolation and ruin. Think, how, for these things, the incense of grateful hearts will rise in praise and prayer for you. You can have no richer reward than this : it will be a never failing help and comfort to you, “ in all time of your tribulation, in all time of your wealth, in the hour of death, and in the day of judgment.”

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the first of these was the death of the king, which was the most fatal blow to the monarchy.

The second was the execution of the king, which was the most fatal blow to the monarchy.

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The fifteenth was the execution of the king, which was the most fatal blow to the monarchy.

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